

JUL 16 1999

JC35

GALL3627

PTO/SB/17 (2000)

Approved for use through 9/30/2000. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**FEE TRANSMITTAL**

Patent fees are subject to annual revision on October 1.  
 These are the fees effective October 1, 1997.  
 Small Entity payments must be supported by a small entity statement,  
 otherwise large entity fees must be paid. See Forms PTO/SB/09-12.  
 See 37 C.F.R. §§1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$)45.00**METHOD OF PAYMENT (check one)**

The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number: 02-4943

Deposit Account Number: \_\_\_\_\_

Charge Any Additional Fee Required Under 37 C.F.R. §1.16 and 1.17.  Charge the Issue Fee Set in 37 C.F.R. §1.18 at the Mailing of the Notice of Allowance.

**2. ■ Payment Enclosed:  
(CHECKS #33282)**

Check  Money Order  Other

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	760	201	380	Utility filing fee	\$
106	310	206	155	Design filing fee	\$
107	480	207	240	Plant filing fee	\$
108	760	208	380	Reissue filing fee	\$
114	150	214	75	Provisional filing fee	\$
				<b>SUBTOTAL (1)</b>	<b>(\$).00</b>

**2. EXTRA CLAIM FEES**

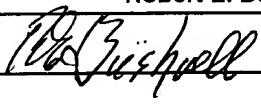
		Extra Claims	Fee from below	Fee Paid
Total claims	-20** =	5	x 9.00	= 45.00
Independent Claims	- 3** =	x	=	

Multiple Dependent =  
 \*\* or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	78	202	39	Independent claims in excess of 3
104	260	204	130	Multiple dependent claim, if not paid
109	78	209	39	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent
				<b>SUBTOTAL (2)</b>
				<b>(\$) 45.00</b>

Complete If Known									
Application Number		08/720,070 (filed on 27 September 1996)							
Filing Date		CPA filed on 8 July 1999							
First Named Inventor		RICHARD G. HYATT JR.							
Examiner Name		BOUCHER, D.							
Group/Art Unit		3627							
TOTAL AMOUNT OF PAYMENT		Attorney Docket No.		P53821C					
METHOD OF PAYMENT (check one)									
<input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:									
FEE CALCULATION (continued)									
3. ADDITIONAL FEES									
Large Entity		Small Entity							
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description					
105	130	205	65	Surcharge-late filing fee or oath					
127	50	227	25	Surcharge-late provisional filing fee or cover sheet					
139	130	139	130	Non-English specification					
147	2,520	147	2,520	For filing a request for reexamination					
112	920*	112	920*	Requesting publication of SIR prior to Examiner action					
113	1,840 *	113	1,840*	Requesting publication of SIR after Examiner action					
115	110	215	55	Extension for reply within first month					
116	380	216	190	Extension for reply within second month					
117	870	217	435	Extension for reply within third month					
118	1,360	218	680	Extension for reply within fourth month					
128	1,850	228	925	Extension for reply within fifth month					
119	300	219	150	Notice of Appeal					
120	300	220	150	Filing a brief in support of an appeal					
121	260	221	130	Request for oral hearing					
138	1,510	138	1,510	Petition to institute a public use proceeding					
140	110	240	55	Petition to revive - unavoidable					
141	1,210	241	605	Petition to revive - unintentional					
142	1,210	242	605	Utility issue fee (or reissue)					
143	430	243	215	Design issue fee					
Total claims	-20** =	5	x 9.00	= 45.00					
Independent Claims	- 3** =	x	=						
Multiple Dependent	=								
** or number previously paid, if greater; For Reissues, see below									
Large Entity Small Entity									
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description					
103	18	203	9	Claims in excess of 20					
102	78	202	39	Independent claims in excess of 3					
104	260	204	130	Multiple dependent claim, if not paid					
109	78	209	39	** Reissue independent claims over original patent					
110	18	210	9	** Reissue claims in excess of 20 and over original patent					
				<b>Other Fee (specify)</b>	\$				
				<b>Other Fee (specify)</b>	\$				
<b>** Reduced by Basic Filing Fee Paid</b>									
					<b>SUBTOTAL (3)</b> \$ .00				

SUBMITTED BY				Complete (if applicable)	
Typed or Printed Name		Robert E. Bushnell, Esq.		Reg. Number	27,774
Signature		Date	16 July 1999	Deposit Account User ID	

RECEIVED  
JULY 21 1999  
MAIL ROOM